



**BOARD OF BARBERING AND COSMETOLOGY**  
**P.O. BOX 944226**  
**SACRAMENTO, CA 94244-2260**  
**INFORMATION: (916) 445-7061 FAX (916) 445-8893**  
**www.barbercosmo.ca.gov**



### AFFIDAVIT OF LOSS

You may obtain a duplicate license if you complete this Affidavit of Loss form and return it to the Board of Barbering and Cosmetology at the address listed above along with a \$10.00 check or money order.

<p><b>* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS</b>          Disclosure of your U.S. (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C) authorize collection of your (SSN). Your (SSN) will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your (SSN) your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p> <p align="right"><b>(Please print or type legibly in ink.)</b></p>				
1. Name on Current License (First, Middle, Last)			License Number	
Address on Current License Number and Street		City	State	Zip Code
2. Current Name (If different than that shown on current license) (First, Middle, Last)				
Current Address (If different than that shown on current license) Number and Street		City	State	Zip Code
3. Birth Date	4. Phone Number (       )	* 5. Social Security Number —       —		

I hereby request a duplicate license because:

☐

My license was lost, stolen or destroyed\*.

☐

My license has been mutilated to such an extent that it is no longer useable\*. (I am returning the mutilated license with this affidavit.)

☐

I did not receive my renewal license in the mail.

\*Explanation of circumstances: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct;  
 I further certify that I will immediately return the duplicate license if the original license is subsequently found."*

X \_\_\_\_\_  
 Signature of Licensee

\_\_\_\_\_  
 Date